



Los Angeles County  
Department of Regional Planning

*Planning for the Challenges Ahead*



## DRAFT FAIR HOUSING REASONABLE ACCOMMODATION APPLICATION

Pursuant to Part 19 of Chapter 22.56 of the Los Angeles County Code, Reasonable Accommodations means a waiver or modification to regulations, policies, procedures and standards that may be reasonable and necessary for a person with a disability to have an equal opportunity to use and enjoy a residential use.

If you require reasonable accommodations or auxiliary aids and services, such as material in an alternate format or a sign language interpreter, please contact the ADA (Americans with Disabilities Act) Coordinator at (213) 974-6488 or (213) 617-2292 (TDD), with at least three business days notice.

Applications must be submitted in person. Appointments are required to submit three or more applications. Please call (213) 974-6438 for an appointment. Incomplete applications will not be accepted.

### FOR STAFF USE ONLY

Permit No.: \_\_\_\_\_

Project No.: \_\_\_\_\_

Zone: \_\_\_\_\_ Plan Category: \_\_\_\_\_

CSD/TOD: \_\_\_\_\_

### 1. Site Address Where Accommodation is Requested

Assessor's Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

### 3. Is the Accommodation requested in conjunction with another permit or entitlement?

☐ No ☐ Yes

If you answered Yes, please indicate Project Number: \_\_\_\_\_

### 3. Record Owner of Property

### Applicant/Agent

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### 4. Description of Current Uses of the Property

#### 5. Will the residential use be occupied by an individual(s) with a disability?

*An "individual with a disability" is any person who has a physical or mental impairment that limits one or more major life activities, anyone who is regarded as having that type of impairment or, anyone who has a record of that type of impairment, as defined under state and federal fair housing laws.*

☐ No      ☐ Yes

If you answered Yes, you must submit the verification of disability, and may be required to submit additional necessary information upon request. Some examples of verification include disabled placard from the DMV, letter indicating disability status from the Social Security Administration, letter from a medical provider, service contracts from social service agencies, etc.

#### 6. Please describe the specific needs that the disability creates. You do not need to state the name of the disability or discuss the nature or severity of the disability. For example, *"The disability makes it difficult to ...."*

#### 7. Please describe the requested accommodation. What regulation, policy, practice or procedure is sought to be waived or modified?

#### 8. Please explain why the requested accommodation is necessary to ensure equal access to a residential use.

**9. Please explain why the requested accommodation will not impose an undue financial or administrative burden on the County.**

**10. Please explain why the requested accommodation will not require a fundamental alteration in the nature of the land use and zoning program of the County.**

**12. Application Certification**

I, \_\_\_\_\_ (print name), affirm under penalty of perjury under the laws of the State of California that the information provided in this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment #2 (Optional)**

**Verification of Disability Status**

This verification form may be completed by someone who has specific knowledge about the applicant's disability. For example, a medical, therapeutic or social services professional, part of a peer support group that serves the individual(s) with a disability(s), or someone who resides with the individual(s) with a disability. Please use the following definitions to make your determination:

*"Individual with a Disability"* means a person who has a physical or mental impairment that limits one or more major life activities, anyone who is regarded as having that type of impairment or, anyone who has a record of that type of impairment.

*"Limits"* means that the activity is difficult to achieve, regardless of mitigating measures such as medication or mobility devices, or previous reasonable accommodations.

*"Major life activity"* means any task central to most people's daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This can include brushing one's teeth, getting dressed, bathing, household chores, preparing meals, etc.

*"Necessary"* means that the accommodation would afford individuals with disabilities an equal opportunity to use and enjoy a dwelling.

*"Physical or mental impairment"* includes chronic or episodic medical conditions and genetic or inherited characteristics that cause disease or disorders. Impairments can include, but are not limited to orthopedic, visual, speech and hearing impairments, cosmetic disfigurement, anatomical loss, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, alcoholism and drug addiction (but not including current users of illegal drugs). A temporary condition, such as a broken leg, pregnancy, use of crutches, etc. may not qualify as a physical or mental impairment.

**Verification:**

To the best of my knowledge, information, and belief, the individual(s) who occupies (or who will occupy) the dwelling that is subject to the above request for a reasonable accommodation \_\_\_\_\_ does \_\_\_\_\_ does not meet the definition of "individual(s) with a disability." I am in a position to know about the individual(s)' disability because:

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Please explain how the requested accommodation will improve the individual's access to, or enjoyment of, a residence. [Note: It is not necessary to reveal the nature or severity of the individual's disability.]

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I affirm under penalty of perjury that the information provided in this application to be true and accurate:

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Print name

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Address

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Signature / Date

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Telephone Number

**Attachment #3**

**Sample Letter to Request Additional Information from the Applicant**

**[Letterhead]**

**[Date]**

**[Name]**

**[Address]**

Re: Reasonable Accommodation Request, **[address of the dwelling]**

Dear **[Applicant Name]**:

The Department of Regional Planning has received your request for a reasonable accommodation on **[date]**. In order to evaluate your request, we require the following information: **[List information that is needed]**.

We need this information because **[state reasons]**.

Please provide the information as soon as possible. Within thirty (30) days of receipt of the requested information, you will be notified of the director's decision to approve or deny your request. Please note that your failure to provide the information in a timely manner could delay the review of your request.

If you have any questions, please contact **[planner]** at (213) 974-XXXX.

“ADA ACCOMMODATIONS: If you require reasonable accommodations or auxiliary aids and services such as material in alternate format or a sign language interpreter, please contact the ADA (Americans with Disabilities Act) Coordinator at 974-6488 (Voice) or (213) 617-2292 (TDD), with at least three business days notice.”

**[closing and signature]**

**Attachment #4**

**Sample Letter to Grant a Reasonable Accommodation**

**[Letterhead]**

**[Date]**

**[Name]**

**[Address]**

Re: Reasonable Accommodation Request, **[address of the dwelling]**

Dear **[Applicant Name]**:

The Department of Regional Planning has reviewed and approved the following request for a reasonable accommodation, submitted on **[date]**:

**[Description of the accommodation]**.

The director of planning requires that you record the findings of the grant (attached) with the Los Angeles County Recorder's Office. This accommodation is intended for **[name of person or organization/ business]** for as long as it is needed. If **[name of person or organization/business]** no longer needs the accommodation or vacates the premises, the continuance of the accommodation will constitute a zoning violation.

This decision constitutes a final decision that you may appeal to the Los Angeles County Regional Planning Commission, in accordance with the appeal procedures described in Part 5 of Chapter 22.60 of the Los Angeles County Code (see attachment). Please contact **[planner]** at (213) 974-XXXX if you have any questions.

**[closing and signature]**

Attachment:

Copy of request

Findings

Department of Regional Planning Appeal procedures

"ADA ACCOMMODATIONS: If you require reasonable accommodations or auxiliary aids and services such as material in alternate format or a sign language interpreter, please contact the ADA (Americans with Disabilities Act) Coordinator at 974-6488 (Voice) or (213) 617-2292 (TDD), with at least three business days notice."

**Attachment #5**

**Sample Letter to Deny a Request for a Reasonable Accommodation**

**[Letterhead]**

**[Date]**

**[Name]**

**[Address]**

Re: Accommodation Request, **[address of the dwelling]**

Dear **[Applicant Name]**:

The Department of Regional Planning has reviewed and denied your request for accommodation based on the following reasons **[choose all that apply]**:

- ☐ The request is not for an individual(s) with a disability.
- ☐ The request is not necessary to afford an individual with a disability equal opportunity to use and enjoy a residential use.
- ☐ The request is not reasonable because it would create an undue administrative or financial burden for the County.
- ☐ The request is not reasonable because it would fundamentally alter the zoning and land use program of the County.

We made this decision because **[list reasons]**. We relied on the following information to reach our decision: **[list relevant information]**.

This decision constitutes a final decision that you may appeal to the Los Angeles County Regional Planning Director, in accordance with the appeal procedures described in Part 5 of Chapter 22.60 of the Los Angeles County Code (see attachment).

Please contact **[planner]** at (213) 974-XXXX if you have any questions.

**[closing and signature]**

CC: **[Attorney Name]**, County Counsel

Attachment:

Copy of request

Department of Regional Planning Appeal procedures

“ADA ACCOMMODATIONS: If you require reasonable accommodations or auxiliary aids and services such as material in alternate format or a sign language interpreter, please contact the ADA (Americans with Disabilities Act) Coordinator at 974-6488 (Voice) or (213) 617-2292 (TDD), with at least three business days notice.”